

# Careline Lifestyles (UK) Ltd

## St Stephen's Court

### Inspection report

St Stephen's Court  
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#### Ratings

#### Overall rating for this service

**Good** 

Is the service safe?

**Good** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

#### Overall summary

We inspected St Stephen's Court on 10 and 11 June 2015. The first day of our visit was unannounced. We last inspected the service in July 2014. At that inspection, we found breaches of legal requirements in two areas; supporting staff and assessing and monitoring the quality of service provided. We asked the provider to take action to make improvements and they told us they would be fully compliant with the regulations by 31 October 2014.

On this visit we found improvements had been made in both of the regulations that had been previously breached and the registered provider was now meeting current regulations.

St Stephen's Court is a residential care home providing accommodation and nursing care for up to 30 people. Care is provided for people with learning, neurological and physical disabilities. At the time of the inspection there were 28 people living at the service.

# Summary of findings

The service did not have a registered manager and was being managed by an acting manager. We were informed a new manager had been recruited and was due to commence their employment on 1 September 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service told us they were well cared for and felt safe at the home and with the staff who provided their care and support. Financial checks and procedures were in place to protect people's personal possessions and valuables.

Staff members had a good understanding of safeguarding adult's procedures and knew how to report concerns. A whistleblowing policy and information was available for staff to report any risks or concerns about practice in confidence within the organisation.

Staffing levels were sufficient to meet people's needs. Employment procedures ensured that appropriate recruitment checks were undertaken to determine the suitability of individuals to work with vulnerable adults.

Medicines management and arrangements were appropriate, effective and safe. Medicines records were accurate, complete and stored securely.

People had up to date and appropriate risk assessments in place to ensure risks were identified and reduced. Accidents and incidents were reviewed and analysed regularly to identify possible trends and to prevent reoccurrences. Duty managers were available out of hours for advice and in the event of an emergency.

People received care from staff who were now provided with effective training to ensure they had the necessary skills and knowledge to effectively meet their needs.

Staff now received regular supervisions and annual appraisals were carried out. All new staff received appropriate induction training and were supported in their professional development and there were regular opportunities for promotion.

The requirements of Mental Capacity Act 2005 (MCA) were followed and Deprivation of Liberty Safeguards (DoLS)

were appropriately applied to make sure people were not restricted unnecessarily, unless it was in their best interest. Detailed information was readily available for staff.

People were supported to make sure they had enough to eat and drink and their nutritional needs were met to ensure they stayed healthy. They told us they enjoyed the food prepared at the home and had a choice about what they ate.

People were supported to have access to healthcare services and referrals had been made to health professionals for advice and guidance where required. The home was well appointed, furnished and decorated throughout. The home was clean, tidy and well maintained.

People spoke positively about living at the home and told us staff treated them well. Relatives we spoke with told us they felt people were well looked after and cared for.

Staff interacted well with people and they were patient, unhurried and took time to explain things to people clearly. We saw staff were approachable, attentive and well organised. There was a calm, friendly and relaxed atmosphere throughout the home.

Staff acted in a professional and friendly manner and treated people with dignity and respect. We observed staff supporting people and promoting their dignity. Staff regularly checked on people to see if they needed support or assistance.

People were encouraged by staff to be independent, and maintain hobbies and interests that were important to them. People's relatives were involved in the care and support of their family member. Care records confirmed the involvement of people in care planning and reviews.

Advocacy information was accessible to people and their relatives. Relatives told us communication with the home was good. Meetings for people using the home and their relatives were held every month. Surveys were undertaken and people's feedback was acted upon.

People's care records were up to date and accurate. Where applicable health and social care professionals were involved in reviews. Staff were knowledgeable about the people they cared for and understood their needs.

# Summary of findings

People and their relatives felt able to raise any issues or concerns and complaints received by the service were dealt with effectively.

People and relatives we spoke with were positive and complimentary about the range of activities available and how people were engaged and motivated.

We received positive feedback from people, their relatives and staff about the management team and how the home was run and managed. A new manager had been recruited and was due to commence their employment at the home.

Management now regularly checked and audited the quality of service provided and made sure people were happy with the service, support and care they received. Up to date and accurate records were kept of equipment and systems servicing and maintenance.

The home had an inclusive, warm and enabling atmosphere. People integrated well with each other. The provider had links with another organisation to develop their knowledge and ensure they were up to date with best practice.

Staff meetings were regularly held. Staff told us they felt management at the home were approachable, they were supported to do their job and felt they were part of a close staff team.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People using the service told us they were well cared for and felt safe. Financial checks and procedures were in place to protect people's personal possessions and valuables.

Staff members had a good understanding of safeguarding adult's procedures and knew how to report concerns. Whistleblowing information was available for staff to report any risks or concerns in confidence within the organisation.

Staffing levels were sufficient to meet people's needs. Appropriate recruitment checks were undertaken to determine the suitability of individuals to work with vulnerable adults.

Medicines management and arrangements were appropriate, effective and safe. Medicines records were accurate, complete and stored securely. The home was clean, tidy and well maintained.

People had up to date and appropriate risk assessments in place to ensure risks were identified and reduced. Accidents and incidents were reviewed and analysed regularly. Duty managers were available out of hours for advice and in the event of an emergency.

Good



### Is the service effective?

The service was effective. People received care from staff who were provided with effective training to ensure they had the necessary skills and knowledge to effectively meet their needs.

Staff received regular supervisions and annual appraisals were carried out. All new staff received appropriate induction training and were supported in their professional development.

The requirements of Mental Capacity Act 2005 (MCA) were followed and Deprivation of Liberty Safeguards (DoLS) were appropriately applied to make sure people were not restricted unnecessarily, unless it was in their best interest.

People were supported to make sure their nutritional needs were met. They told us they enjoyed the food and had a choice about what they ate.

People were supported to have access to healthcare services and referrals had been made where required. The home was well appointed, furnished and decorated throughout.

Good



### Is the service caring?

The service was caring. People and relatives spoke positively about living at the home and told us staff treated them well.

Staff interacted well with people were patient, unhurried and took time to explain things clearly. Staff acted in a professional and friendly manner and treated people with dignity and respect. They were approachable, attentive and well organised. There was a calm, friendly and relaxed atmosphere throughout the home. Staff regularly checked on people to see if they needed support or assistance.

People were encouraged to be independent, and maintain hobbies and interests important to them. People's relatives were involved in the care, support, care planning and reviews for their family member.

Good



# Summary of findings

Advocacy information was accessible to people and their relatives. Meetings for people using the home and their relatives were held. Surveys were undertaken and people's feedback was acted upon.

## Is the service responsive?

The service was responsive. People's care records were up to date and accurate. Staff were knowledgeable about the people they cared for and understood their needs.

People and their relatives felt able to raise any issues or concerns and complaints received by the service were dealt with effectively.

People and relatives were positive and complimentary about the range of activities available and how people were engaged and motivated. Relatives told us communication with the home was good.

Good



## Is the service well-led?

The service was well-led. We received positive feedback from people, their relatives and staff about the management team and how the home was run and managed. A new manager had been recruited and was due to commence their employment at the home.

Management regularly checked and audited the quality of service provided. Up to date and accurate records were kept of equipment and systems servicing and maintenance.

Staff meetings were regularly held. Staff told us they felt management at the home were approachable, they were supported to do their job and felt they were part of a close staff team.

Good



# St Stephen's Court

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 June 2015 and was unannounced. The inspection team consisted of an adult social care inspector, a specialist advisor and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Prior to the inspection, we also spoke with the local authority commissioners for the service and did not receive any information of concern.

We spoke with 17 people who used the service to obtain their views on the care and support they received, along with six of their relatives. We also spoke with the acting manager in post, the provider's head of compliance and area compliance manager, the provider's head chef, a rehabilitation assistant, two nurses, two senior care assistants, six care assistants, the head chef and the provider's occupational therapist.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also looked at a range of records. These included care records for four people living at the home, 28 people's medicines records, five records of staff employed at the home, duty rotas, accident and incident records, policies and procedures and complaints records. We also looked at minutes of staff and relative meetings, results of service user and relative's surveys conducted, premises and equipment servicing records and a range of other quality audits and management records.

# Is the service safe?

## Our findings

People using the service told us they were well cared for and felt safe with the staff who provided their care and support. All the relatives we spoke with were very happy with the care, treatment and support their relative received at the home. One person told us, “I’m well safe in here; I really like living in here, I love it.” A relative told us, “I think people are very safe and secure there. I have never had any doubts about their safety.” Another relative told us, “I am happy they are well looked after and safe. I am confident (person) would tell me if they weren’t.” Other relatives’ comments included, “I have no concerns whatsoever about their safety; they are safe and well there,” and, “It’s very safe, it’s very secure and I’m happy.”

We saw that where safeguarding incidents were identified, these were reported and acted on appropriately and accurately, and recorded in a timely manner. An up to date safeguarding policy and safeguarding adults information was available for staff to refer to. Staff we spoke with confirmed they had a good understanding of safeguarding and knew how to report concerns. They were able to describe various types of abuse and were aware of potential warning signs. None of the staff we spoke with said they had any concerns about the care provided or the safety of the people living in the home. People we spoke with told us they could approach staff in confidence and any concerns raised would be addressed. One person told us, “I’m not unhappy about anything. If I was, I’d go straight to (area compliance manager) or (acting manager).” We saw that 25 safeguarding adult’s referrals had been made to the relevant local safeguarding adult’s authorities in the last 12 months. We also noted the provider had a whistleblowing policy. This meant staff could report any risks or concerns about practice in confidence to the organisation.

The provider had a staff recruitment and selection policy. We examined five records for staff who had recently been employed at the service. We found the provider undertook comprehensive, appropriate and safe recruitment checks to determine the suitability of prospective staff to work with vulnerable adults. Each file had a fully completed application form with employment history, reasons why employment had ended, previous qualifications and experience, proof of identity and a photograph. At least two written references had been obtained and verified,

including where possible, from the last employer. Records also confirmed nurses employed at the home were currently registered with the Nursing and Midwifery Council.

We found that there were sufficient staff to provide a good level of support to people. The staff we talked with felt there were always enough staff to care for people. We looked at staffing rotas for the week of the inspection, the previous two weeks and the two weeks after the inspection and saw staffing levels reflected what we were told by the acting manager. In addition to nursing and care staff, separate ancillary staff were employed to support the running of the home. These included domestic and catering staff, a home administrator, physiotherapist and a rehabilitation assistant.

Relatives we spoke with told us they felt that staffing levels were appropriate and this was confirmed by our observations. We observed there were sufficient staff on duty to respond promptly to people’s needs and requests. Staff were able to spend time to stop and chat with people, yet were responsive to call bells and people’s requests for assistance. One relative commented, “There always seems to be enough staff on.” Other relative’s comments included, “There’s plenty of staff on. There is always a lot of staff around and they are very helpful,” and, “There’s plenty of staff on. If the buzzer goes someone is there straight away.”

We found that there were adequate measures in place to protect people’s personal possessions and valuables. Financial recording systems were in place to reduce the possibility of financial abuse occurring. Weekly reconciliation checks were made by the home administrator which were checked and countersigned by the acting manager. Monthly checks and audits were also conducted by the provider’s head office to confirm integrity. The provider had an acceptance of gifts and legacies policy. This provided staff with specific advice in relation to accepting gifts or bequests.

The provider had a comprehensive and up to date medicines policy and procedure. This meant current policies, and guidance were available for staff to refer to regarding what was expected of them when handling medicines. For example, supplies and storage of medicines, medicines audits, prescriptions, controlled drugs and the disposal and return of medicines.



## Is the service safe?

We looked at medicines management at the home and found that the arrangements were appropriate, effective and safe and medicines were stored correctly. We reviewed 28 people's medication administration records (MARs). MAR records were found to be of a good standard, contained no loose pages and had a current photograph for each person, to prevent errors and ensure medicines were not given to the wrong person. Our specialist advisor was particularly complimentary regarding people's individual medicines profiles which provided detailed information of each person's individual preference regarding the administration of their medicines. We found medicines were monitored and checked regularly by management, to ensure they were being handled properly and that systems were safe. One person told us they were supported by staff with their medicines and said, "Staff are very helpful."

The acting manager told us accidents and incidents were reviewed and monitored regularly. This was to identify possible trends and to prevent reoccurrences. The acting manager told us following an accident or incident; each person's behaviour support plan and risk assessments would be reviewed to help ensure people were kept safe. These were subsequently monitored and reviewed monthly by the provider's head of compliance and area compliance manager.

People living at the home had up to date and appropriate risk assessments in place to ensure risks were identified and reduced. For example, care records identified risks in relation to nutrition and choking, mobility, safe moving and handling and specialist feeding techniques. In addition, we noted risk assessments and management plans were in place in relation to people who posed a risk of absconding from the home, or distressed behaviours towards themselves or others. We saw that where external professionals had been involved in supporting people, their assessments and advice had been incorporated into the risk assessments.

Infection control and Control of Substances Hazardous to Health (COSHH) policies and procedures were in place, so all staff had access to information and were clear about what was good practice. Colour coded chopping boards and knives were used for preparing food and preventing cross-contamination between different food groups, which could potentially cause food poisoning. Colour coded mops and buckets were used for cleaning different areas of the home. This ensured that cleaning equipment was only used in designated areas and reduced the possibility of cross contamination.

We found the home was in good order, well maintained and decorated. The home was clean and tidy throughout with no unpleasant odours evident in any part of the home. Staff had access to and wore personal protective equipment. This helped to make sure that people and staff were protected against the risk of acquiring an infection. The majority of relatives told us they were happy with the condition, presentation and cleanliness of the home. Relatives' comments included, "It's always clean and tidy and very pleasant," and, "It's always very clean and tidy there."

Comprehensive contingency plans were in place in the event of a flood, fire, loss of utility, or other emergency situation. Records confirmed that the provider operated an out of hours contact facility where staff were able to contact a duty manager for advice and in the case of emergencies.

Personal emergency evacuation plans (PEEPs), describing how people should be evacuated from the building in the event of an emergency, were in place for each person at the home. Each PEEP identified what support would be required to evacuate each person in the event of an emergency and we noted these were reviewed monthly.



# Is the service effective?

## Our findings

In July 2014 we carried out an inspection and found some breaches of regulation. We checked the progress the provider had made in relation to actions plans they had sent us following our initial inspection. This inspection was to assess how the provider had responded to our concerns. During this inspection we checked how staff were supported to deliver care and treatment safely and to an appropriate standard.

Staff told us and records confirmed that staff had undertaken mandatory safe working practices training. For example, moving and handling, fire safety, infection control, health and safety, food hygiene, emergency first aid and safeguarding adults. Staff also told us, and training records and certificates confirmed, that care staff received other training specific to the needs of the people they cared for. For example dementia awareness, epilepsy, Mental Capacity Act 2005, diabetes and PEG feeding (percutaneous endoscopic gastrostomy – a discreet plastic tube directly inserted into an opening allows for food and liquids, as well as medicines, to enter the stomach).

During the inspection staff told us they received regular one to one meetings, known as supervisions, as well as annual appraisals. Supervision sessions were used, amongst other methods, to check staff progress and provide guidance. Appraisals provided a formal way for staff and their line manager to talk about performance issues, raise concerns, or ask for additional training. We saw the service now had a system in place and the acting manager showed us records which mapped out staff supervisions and appraisals throughout the year.

All staff we spoke with confirmed they received supervision sessions every two months and that annual appraisals were now taking place. We saw members of the management team and other staff members expected to carry out supervisions sessions had all received training with regard to carrying out effective supervisions and appraisals. One member of staff told us, “I get regular supervisions and I’ve just had one recently. I get one every two months.” Another member of staff said, “I get regular supervisions and I’m due my appraisal tomorrow.”

The provider’s head of compliance told us all new staff received appropriate induction training. New staff attended an initial five day corporate induction course at the

provider’s head office. This was followed by in-house introductory training and a one week period of shadowing an experienced and established colleague, before working unaccompanied. Staff we spoke with confirmed their induction period helped prepare them for their jobs and the working environment before working alone. The provider’s head of compliance also told us new staff undertook a six month probationary period, during which their suitability to perform their role was regularly reviewed. During this period, staff were required to complete a ‘Skills For Care’ induction workbook to demonstrate their ability to meet the requirements of the Common Induction Standards for people working in adult care. Following a successful completion of their probationary period, staff were enrolled on a level two National Vocational Qualification or a diploma and embarked on gaining adult health and social care qualifications. Staff we spoke with also told us there were regular opportunities for promotion and professional development within the service.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their ‘best interests.’ It also ensures unlawful restrictions are not placed on people in care homes and hospitals.

We saw the provider had an MCA and DoLS policy and MCA / DoLS information was available at the home. Where there were doubts about a person’s capacity to make decisions, an assessment had been undertaken to determine whether a DoLS application to the local authority was required. The registered manager told us, and records confirmed, that 26 DoLS applications had been made to and authorised by the local authority within the last 12 months. We noted these applications had been appropriately applied for and were detailed with information available as to why they were required. Care records examined showed mental capacity assessments were regularly reviewed. Staff had completed training on MCA and DoLS and had a good understanding of these important areas and how they applied to the people they cared for and supported.

People and their relatives were complimentary about the home and the staff employed by the service. One person told us, “Staff are very helpful.” A relative told us, “They like

## Is the service effective?

the staff; they enjoy being there and they are positive about the place.” Other relatives’ comments included, “They have very good staff,” “Staff are always pleasant,” and, “I’m very satisfied with the service.”

Records examined confirmed people were supported to keep up to date with regular healthcare appointments, such as GPs, dentists and opticians. We saw regular reviews were undertaken which involved outside health and social care professionals and family members.

During our inspection we saw people were regularly asked their permission before care tasks were undertaken and offered choices. For example, what activity they wanted to do that day or when choosing their meals or refreshments. We saw staff were pleasant, unhurried and gave people sufficient time to consider their options and make their choices.

We spent time observing the lunch time experiences and joined people in a number of communal rooms and dining areas throughout the home. We noted that all the meals were well presented and hot, and there was a relaxed and jovial atmosphere wherever people chose to eat their meals. People were assisted to eat by staff, or prompted as required. Care staff sat chatting with people, offering assistance where required. A selection of refreshments and snacks were available throughout the day outside of recognised meal times. People also had their own stock of snacks in the kitchen which they could access themselves, or ask staff to get them when required.

People we spoke with were very complimentary about the quality, choice and variety of the meals at the home. One person eating their lunch told us, “It’s lovely this; it’s spicy.” Other people’s comments included, “The spicy chicken is really nice; too nice, I want more,” and, “The food is lovely and the menu’s good.”

Other people’s comments included that their meal had been ‘Lush’ and another person told us the cook was ‘outstanding.’ We saw the home had also been awarded a food hygiene rating score of ‘5 – Very Good’ following a recent local authority environmental health inspection in January 2015.

People’s care records contained Malnutrition Universal Screening Tool (MUST) nutritional needs assessments which were reviewed regularly. Where people required PEG feeding (specialist feeding technique), appropriate information and care plans were in place.

The home was a purpose built relatively new building which was well appointed. We noted there was a passenger lift between floors and there was good wheelchair access around the building. The acting manager told us a gate had been recently added in the garden area so that wheelchairs could access outdoors, in addition to accessing the area from the main building. Building improvements were also being undertaken at the time of our visit in order to improve bathroom facilities in the home. The home had a well maintained secluded garden and an outdoor smoking area was available.

People had personalised bedrooms and were encouraged to choose their own decoration and colour schemes as well as display items of their interest or hobbies. One person took great delight in showing us their newly decorated room for which they had designed and chosen their own furniture and colour scheme. This person told us, “I chose everything in my room; the colour of the paint is bubblicious pink.” Another person said, “I love my room here; I’ve got my own 42” telly.”

# Is the service caring?

## Our findings

Due to their health conditions, some people were unable to tell us about their experiences of living at St Stephen's Court. However, people we did speak with and their relatives were very complimentary about the care and support people received at the home. People told us they liked living at the home, and enjoyed the staff's company. One person told us, "I absolutely love it at St Stephen's Court; very much." Another person said, "I would recommend it (the home) to anyone." All the relatives we spoke with were positive about the home and felt their relative was well looked after and cared for. One relative told us, "I think they are well looked after and cared for." Other relatives' comments included, "I'm very happy with St. Stephen's Court; they love it there and I think they look after people well," "They care about people," and, "They seem to have a particular empathy for people and it's not just professional. They genuinely care for them."

There was a calm, friendly and relaxed atmosphere throughout the home and we saw staff were approachable, attentive and well organised. Staff regularly checked on people and spent time sitting and engaging with people in the communal areas. One care assistant was observed discussing with one person their musical preferences and buying pop music CD's later that day. A care assistant dealt with another person who had become anxious and upset in a professional manner which comforted and reassured the person until they recomposed themselves.

Throughout our visit we observed care staff acting in a friendly and professional manner, treating people with dignity and respect. Care staff were observed respecting people's privacy and knocked on people's doors and waited for a response before entering the room to carry out their care responsibilities. We saw a further practical example where staff discreetly repositioned one person's clothing to maintain their dignity without drawing unnecessary attention to the situation.

People and relatives we spoke with praised the staff and our observations confirmed staff members interacted well with people. Both people and staff referred to each other using their first names and we saw warm interactions, with staff asking people if they required any assistance and making sure they were motivated. We saw staff took the time to stop and chat with people, showing a genuine interest in what they had to say. We saw one person and a

care assistant had developed their own handshake routine which they carried out when they met each other around the home. One person told us, "I love all the staff." A relative told us, "They like the staff and get on with the majority of them. Another relative said, "They feel very much at home. They've really settled and the staff are cheerful and very helpful." Other relative's comments included, "It's a nice place with a canny atmosphere," "I know all of the staff and know them by their first names," and, "I think the staff are smashing – excellent in fact."

People were encouraged by staff to be independent and maintain their hobbies and interests that were important to them. One person told us how they had been encouraged and supported to participate in a charity run. Another person told us how they had been supported to achieve their goal of attending a local college and had achieved a mathematics qualification. Two people told us how they had been supported in achieving and securing their own properties and being able to live independently in the near future. The acting manager told us and we saw that a 'Creative Suite' had recently been refurbished which provided a training kitchen for people to acquire life skills and promote their independence by learning to cook. Some people also told us they had shown an interest and had become fond of a cat from a nearby church which frequently visited the home. They told us the provider had provided food for people in order to feed the cat and encourage and maintain the visits. A relative said, "He enjoys his activities; he gets out and about." Another relative commented, "It's lovely for them. They can get out and about and have their freedom and independence."

We saw staff took time to explain things to people in an unhurried way and were patient with them. We saw staff provided clear explanations to people, sought their permission and explained care tasks before carrying out their responsibilities. For example, when providing nursing care and PEG feeding. Another person was given good clear information whilst being transferred from their bed to a wheelchair.

Relatives we spoke with told us, and records confirmed that they were involved in the care and support their family member received including care planning and reviews. This helped to ensure that important information was being

## Is the service caring?

communicated effectively and care was planned to meet people's individual needs and preferences. One relative commented, "Overall we're very happy with their care. We are always asked if we want something."

The provider had an up to date advocacy policy. We saw information and contact details for advocacy services for people were prominently displayed in the reception area and on notice boards around the home. Advocacy ensures that people, especially vulnerable people, have their views and wishes considered. Specifically when decisions are being made about their lives and people are enabled to have their voice heard on issues that are important to them. The acting manager told us, and records confirmed eleven people were using an advocacy service at the time of our visit.

The acting manager told us people and their relatives were consulted about the service received and the environment in which they lived. This was conducted by means of a satisfaction survey which was sent out annually. The relatives' survey from September 2014 showed that they were positive and satisfied with the overall service at the home. Areas which were particularly highlighted as being 'good' at the home included the handling of complaints, the presentation and cleanliness of the building and catering at the home. Whilst two relatives told us they received surveys, two other relatives told us they could not recall receiving a satisfaction survey. We discussed this with the acting manager who told us they would investigate and resolve this issue.

# Is the service responsive?

## Our findings

Many of the people living at the home were able to tell us about their experiences. One person told us, “It’s good here; I like it and it’s nice.” Another person told us, “I like all the people here. The staff are very nice with me.” A relative told us, “(Person) loves being there. The home has made allowances for them and they get to do things they really like to do.” Other relatives’ comments included, “They have come on a treat since they’ve been there. The support workers are great and support them very well... and I really appreciate them,” “(person) is doing very well here,” and, “It’s reassuring knowing they’re comfortable. They know (person) well and the staff have high regards for (person).”

People and their relatives we spoke with told us they were aware of the complaints procedure and how to make a complaint. They told us that they felt able to raise any issues or concerns and were able to speak to any member staff or a member of the management team in confidence. We saw the service had a recently reviewed complaints policy and procedure. This detailed the process that should be followed and indicated that complaints received should be documented, investigated and responded to within a set timescale. We also noted an ‘easy to read’ version of the complaints policy and procedure was available for people. One person told us, “Yes (I know how to make a complaint) and I’m good at complaining.” A relative told us, “I’ve never complained yet; everything I’ve ever asked for they have sorted it.” Another relative commented, “I know how to (make a complaint), but I haven’t complained. If they are happy, I’m happy.”

We examined the complaints records for the service and saw 27 complaints had been received within the last 12 months. Records confirmed the provider’s complaints policy and procedure were consistently followed. We noted all complaints had been comprehensively documented, investigated and resolved, where possible to the complainant’s satisfaction. We saw evidence to confirm a response had been provided to the complainant.

We noted two recent compliments had recently been received by the service. We saw comments included, ‘Extremely happy with the care from staff at St. Stephen’s... and could not praise you enough,’ and, ‘Just a quick note to thank you and everyone in your team in managing a recent incident... I appreciate your team skills and empathy.’

The provider employed a full time rehabilitation assistant who conducted physiotherapy and exercise programmes for people at the home. In addition, the rehabilitation assistant organised activities and entertainment in the home and was both passionate and enthusiastic about their role. Although relatively new in post, they were in the process of formulating people’s individual activities plans. These would confirm what activities had taken place and there would be an evaluation process in place to identify what the therapeutic outcome was for that person. They told us, “My role is challenging, but definitely rewarding. I love seeing the difference the activities we do make and the vast improvements it has on people’s wellbeing and their behaviours.”

The majority of people and all the relatives we spoke with were positive and complimentary about the range of activities available and how people were engaged and motivated. During our visit we saw people enjoying individual activities at the home. For example, playing games with staff, one to one sessions in the sensory room and co-ordination ball games. Other in-house activities included the ‘Breakfast Club’ where people were encouraged to participate and make their own cooked breakfasts, a ‘crafts and create’ club and the greenhouse and gardening club where people were shown how to grow and nurture tomatoes and other vegetables. External activities and trips included swimming, cinema and museum trips, attending local colleges in order to attain mathematics and English qualifications, drama groups, barbeques on South Shields beach and attending visiting annual events. For example, The Hoppings fairground show and the Sunderland air show display. One person told us, “There’s always something to do. I like going out and about; the staff take me out one to one and sometimes I go swimming.” A relative said, “They are always looking for activities and things to do to keep them interested. They like the performing arts and drama and they join in with most things – I’m very satisfied with the service. Other relative’s comments included, “They enjoy the gardening activities and looking after the plants in the greenhouse,” “They are working on a number of things with them to keep them entertained; like going into Newcastle for shopping and having a pub meal and a soft drink,” and, “They are saving their money for The Hoppings – they are excited and they love fairgrounds and rides.”

We examined four people’s care records and found they were detailed from pre-admission to present day. We saw

## Is the service responsive?

they were stored correctly, were in good order and were clearly indexed. We found people's care records contained pre-admission assessments, a comprehensive set of risk assessments and the care plans reflected the assessed needs of each person.

Care records examined contained up to date information about how people should be supported and cared for and were regularly reviewed. Staff were knowledgeable about the people they cared for and understood their needs. We noted care plans documented the involvement of GP's, other health and social care professionals and relatives. Care records also contained important risk assessments regarding care and safety, including nutrition and instructions for staff to manage potential choking risks.

Relatives also told us communication with the home was good. One relative told us, "They always ring me if there's anything wrong; it's reassuring." Another relative said, "They

listen to you, you can talk to them and you can pop in and see them at any time." Other relatives' comments included, "I get plenty of information about what they are doing," and, "Communication is fine, I get plenty of information."

We saw meetings for people at the home were held every month. We noted these discussion forums were known as 'My Say' meetings which were generally held on the last Friday of each month. Relatives, management and key workers were all invited to attend to ensure a comprehensive overview of the service was achieved. We saw the times and dates of forthcoming meeting were well displayed throughout the home. Matters discussed during recent meetings included changes to menus at the home and a request for a particular type of bacon, fund raising ideas for trips and leisure equipment, future activities, a staff versus resident's football tournament and requesting residents to be mindful and respectful of nearby neighbours.



# Is the service well-led?

## Our findings

At our inspection in July 2014 we were concerned that the systems for assessing and monitoring the quality of the service were not working. We told the provider they were in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We wrote to them highlighting areas in which they must improve.

As part of this inspection we assessed how the provider had responded to our concerns. During this inspection we checked the quality monitoring arrangements the service had in place to ensure the home was operating safely and effectively. We found appropriate improvements had been made to these arrangements.

We discussed audits and checks that the acting manager and senior management undertook and completed in order to ensure people received appropriate support and care. The acting manager told us, and records confirmed, they conducted monthly audits and checks in order to ensure health and safety in the home was maintained. These included infection control, people's care plans, medicines management, accidents and incidents, health and safety and first aid equipment. We noted other checks were conducted by the acting manager and included environmental areas within the home and the exterior of the building. Other regular checks and audits were undertaken by staff and these included window security, water quality and temperatures, fire drills and instructions, and the availability of personal protective equipment.

We saw records were kept of equipment testing and these included electrical appliances, emergency lighting, fire alarm and firefighting equipment tests. Other equipment and systems were also subject to checks and servicing by independent assessors or companies. For example, records showed gas and electrical tests, beds, hoists, assisted baths and slings, washing machines and dishwashers and passenger lift servicing were carried out at appropriate intervals. We saw these were up to date and completed regularly.

During the course of our inspection we were assisted by both the provider's head of compliance and area compliance manager. They told us, and records confirmed, in addition to the checks and audits undertaken by the home manager; monthly periodic service reviews (PSRs) were completed by them to ensure health and safety at the

home was maintained. These checks and audits included care plans, medicines management and environmental areas within the home and the exterior of the building. Problems identified and any actions required were tracked to confirm the issues identified had been rectified prior to the next audit.

The provider's head of compliance and area compliance manager also told us, and records confirmed they conducted unannounced senior management visits and audits to the service. A full audit was undertaken at the service during weekday office hours one month, with an unannounced night time visit the following month and an unannounced weekend visit another month. This ensured senior management checks were being conducted at different times of the day and week and were on a continuing monthly basis.

The provider had submitted statutory notifications to the Care Quality Commission. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. The submission of notifications is important to meet the requirements of the law and enable us to monitor any trends or concerns.

The service did not have a current registered manager. The home was being managed by an acting manager. We were informed a new manager had been recruited and was due to commence their employment on 1 September 2015.

We received positive feedback and comments from people, their relatives and staff about how the home was managed. One relative told us, "It looks to be managed well. They are all very friendly staff; a nice bunch of people." Another relative told us, "Everything seems to be dealt with very efficiently."

Staff told us they felt management at the home were approachable, they were supported to do their job and they felt they were part of a close staff team. One care assistant told us, "The acting manager is very supportive and is always available when on duty to help manage difficult situations." Another member of staff said, "I feel well supported by the management." Other staff comments included, "The staff team feel they can manage anything," and, "Do I feel supported? Very much so; I feel very supported and nothing's ever a problem - I'm very happy here."

Staff told us, and records confirmed staff meetings were held monthly. We saw matters discussed included extra



## Is the service well-led?

vigilance regarding potentially hazardous cleaning products in the home, future refurbishment of areas in the home, staff absence levels and the importance of fire drills and health and safety. One member of staff told us whilst senior management regularly visited the home; they would appreciate their attendance at staff meetings to provide feedback on performance and future changes and developments.

We noted the provider had links with and was a 'gold' member of the British Institute of Learning Disabilities (BILD). This meant the service could develop their knowledge, share good practice and ensure its service was up to date with national best practice standards.

We saw that the home had an inclusive, warm and enabling atmosphere. People integrated well with each other, were supportive of each other and there was a strong sense of community within the home. One relative told us, "It's like a person's home; their own house, with a nice atmosphere." Another relative said, "There's a nice positive feel to the place."